

July 8, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-1321-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery.

**Clinical History:**

This male claimant was injured on his job on \_\_\_\_\_. At that time he was evaluated for back and neck pain. A CT myelogram on 07/11/00 revealed a C5-6 left-sided disc bulge and a C6-7 right-sided disk protrusion. No surgery was performed at that time.

The patient presented in April 2003 with neck pain and bilateral hand numbness. An exam revealed hypesthesias in the bilateral hands in a glove distribution and a negative Tinel's.

**Disputed Services:**

Non-contrast CAT scan of the cervical spine with reconstruction.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a CAT scan as requested is not medically necessary in this case.

**Rationale:**

There is concern for cervical spinal stenosis. However, better studies are indicated to determine if significant cervical spinal stenosis is present, such as an MRI scan of the cervical spine, or a myelogram and CAT scan of the cervical spine. Either of these studies would be better than a non-contrast CAT scan of the cervical spine to determine if significant cervical spinal stenosis is present.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 8, 2003.

Sincerely,